

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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**CONFIRMATION NO. 3374**

<b>SERIAL NUMBER</b> 09/400,378	<b>FILING DATE</b> 09/21/1999  <b>RULE</b>	<b>CLASS</b> 463	<b>GROUP ART UNIT</b> 3713	<b>ATTORNEY DOCKET NO.</b> VLDT.65169	
<b>APPLICANTS</b> LEE E. CANNON, BOZEMAN, MT;					
<b>** CONTINUING DATA *****</b> <div style="text-align: center; font-size: 1.2em;">none AB</div>					
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; font-size: 1.2em;">none AB</div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/15/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MT	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 78	<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> JOSEPH A. WALKOWSKI TRANSKBRITT, P.C. P.O. BOX 2550 SALT LAKE CITY ,UT 84110					
<b>TITLE</b> METHOD AND DEVICE FOR IMPLEMENTING A COINLESS GAMING ENVIRONMENT					
<b>FILING FEE RECEIVED</b> 2870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<div style="float: right; border: 1px solid black; padding: 5px; width: 300px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </div>					



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Bib Data Sheet

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<b>APPLICANTS</b> LEE E. CANNON, BOZEMAN, MT;				
** CONTINUING DATA ***** <i>none JB</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED <i>none JB</i> ** 10/15/1999				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JB</i>	<b>STATE OR COUNTRY</b> MT	<b>SHEETS DRAWING</b> 6
			<b>TOTAL CLAIMS</b> 78	<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> Marshall Gerstein & Borun 6300 Sears tower 233 South Wacker Drive Chicago ,IL 60606-6402				
<b>TITLE</b> Casino gaming system with encoded memory address				
<b>FILING FEE RECEIVED</b> 2870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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